

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 09/553,969

FILED DATE

APPLICANT(S)

CLAIMS		CLAIMS		CLAIMS		CLAIMS		CLAIMS	
ORIGINAL		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT					
NO	DEP	NO	DEP	NO	DEP	NO	DEP	NO	DEP
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TOTAL NO.		TOTAL NO.		TOTAL NO.		TOTAL NO.		TOTAL NO.	
TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.		TOTAL DEP.	
TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	